

VETS. ADM.
REGIONAL OFFICE 910
PHILA., PA.
JAN 13 1948



A-4
MAIL UNIT
ADMIN. DIV.
RECEIVED

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS
HONORABLE DISCHARGE

| | | | |
|----------------------------|---------------|---------------|-----|
| NAME (Last, First, Middle) | DATE OF BIRTH | DATE OF DEATH | AGE |
| JOHN J. JAMES | 12 JAN 25 | 201 | 100 |
| UNITED STATES ARMY | 10 JAN 45 | 200 | 100 |
| 101 INFANTRY DIV | 10 JAN 45 | 200 | 100 |
| 101 INFANTRY DIV | 10 JAN 45 | 200 | 100 |
| 101 INFANTRY DIV | 10 JAN 45 | 200 | 100 |
| 101 INFANTRY DIV | 10 JAN 45 | 200 | 100 |
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| | | |
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| 10 JAN 45 | 200 | 100 |
| 10 JAN 45 | 200 | 100 |
| 10 JAN 45 | 200 | 100 |
| 10 JAN 45 | 200 | 100 |
| 10 JAN 45 | 200 | 100 |
| 10 JAN 45 | 200 | 100 |

NORTHERN FRANCE
101 INFANTRY DIV

AMERICAN THEATER RIBBON EUROPEAN-AFRICAN-MIDDLE EASTERN & PACIFIC RIBBON
CONDUCT MEDAL VICTORY MEDAL

| | | | |
|--------------------|---------------|---------------|-----|
| NAME | DATE OF BIRTH | DATE OF DEATH | AGE |
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| UNITED STATES ARMY | 10 JAN 45 | 200 | 100 |
| 101 INFANTRY DIV | 10 JAN 45 | 200 | 100 |
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| 101 INFANTRY DIV | 10 JAN 45 | 200 | 100 |
| 101 INFANTRY DIV | 10 JAN 45 | 200 | 100 |



Honorable Discharge

This is to certify that

WILLIAM J. VANDERBILT, 1st Lieut. 5th Cavalry

SPRING OVERLOOK BASE DEPOT COMPANY

Army of the United States

*is hereby Honorably Discharged from the military
service of the United States of America.*

*This certificate is awarded as a testimonial of Honor
and Faithful Service to this country.*

Given at SEPARATION CENTER
FORT MONMOUTH, NEW JERSEY

Date 11 JANUARY 1946

W. J. Vandervort
W. J. VANDERBILT
Major, 5th Cavalry

1946

FROM: Lyons, New Jersey

C- 10397715

TO: DIRECTOR, ADMINISTRATIVE SERVICE,
VETERANS ADMINISTRATION,
Washington 25, D.C.

Name: **VINYARD, Jesse, Julian**
Rank and Org: **Sgt ORD**
Born: **9-14-21**
Place of Birth: **Wilmington, Del.**
Address **87 Shell Rd. Carney's Pt. NJ**
S. Numbers Enlistments Discharge

13 096 361

7-6-42

1-11-46

C-number was assigned on the following records:

Service and clinical records accompanied by Form 526 (). Clinical records without Form 526 (). Form 526 without clinical records (). Application for hospitalization (). Form 357 (). Form 1950 (). Form 579 (). Application under Title III, Public 346 (doubtful case) (). Application under Title V, Public 346 (doubtful case) ().

The following is a list of records received in this office from

(Military

at
and Naval Hospital, discharge or separation center etc.).

NUMBER OF RECORDS:

1. ___ physical examination at entrance (Army).
2. ___ descriptive sheet in health record (NMS Form H-2).
- ___ descriptive sheet in health record (CG Form 2525-B).
2. ___ clinical records (Army).
- ___ copy of medical record (Navy, Marine, Coast Guard).
3. ___ copy of physical examination at discharge (AGO Form 38 or 40).
- ___ copy of report of Board of Medical Survey (NMS Form M).
- ___ copy of report of Board of Medical Survey (CG).
4. ___ Form 526 or statement in lieu thereof.
5. ☒ enlisted record and report of separation (AGO Form 53-55 series, Army).
- (NavPers 553, Nav-MC 78 P.D. and NCG 553 Navy, Marine Corps, Coast Guard).
6. ___ WD AGO Form 100 (Army).
7. ___ Form 357 or 579 (V.A.).
8. ___ S. G. Form 797 or V.A. Form 700.
9. ___ Other records.

The original clinical records are listed separately below:

| Name of Hospital | Location | Register No. | Dates of Treatment |
|------------------|----------|--------------|--------------------|
|------------------|----------|--------------|--------------------|

MR 26

M.H. Degenkolb, MR Clerk

ENLISTED RECORD AND REPORT OF SEPARATION HONORABLE DISCHARGE

| | | | | | | | | | |
|------------------------------------------------------------------------------------|--|-------------------------------------------|--|----------------------------------------------------|--|-------------------------------------------------------------------------|--|-----------------------------|--|
| 1. LAST NAME - FIRST NAME - MIDDLE INITIAL VINYARD JESSE J | | 2. ARMY SERIAL NO. 13 096 361 | | 3. GRADE SGT | | 4. ARM OR SERVICE ORD | | 5. COMPONENT AUS | |
| 6. ORGANIZATION 3254TH ORD BASE DEPOT COMPANY | | 7. DATE OF SEPARATION 11 JAN 46 | | 8. PLACE OF SEPARATION FORT MONMOUTH N J | | | | | |
| 9. PERMANENT ADDRESS FOR MAILING PURPOSES 87 SHELL RD CARNEY S POINT N J | | | | 10. DATE OF BIRTH 14 SEP 1921 | | 11. PLACE OF BIRTH WILMINGTON DEL | | | |
| 12. ADDRESS FROM WHICH EMPLOYMENT WILL BE BOUGHT SEE 9 | | | | 13. COLOR EYES BLUE | | 14. COLOR HAIR BROWN | | 15. HEIGHT 5'8" | |
| 16. RACE WHITE | | 17. MARITAL STATUS SINGLE | | 18. U.S. CITIZEN YES | | 19. CIVILIAN OCCUPATION AND NO. CHEMICAL LABORATORY ASSISTANT | | 20. NO. DEPEND. 0 | |

MILITARY HISTORY


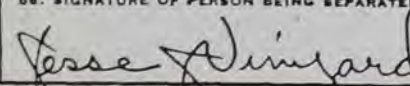
| | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------|----------|---------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------|--|
| 22. DATE OF INDUCTION 22 JUN 42 | | 23. DATE OF ENLISTMENT 6 JUL 42 | | 24. DATE OF ENTRY INTO ACTIVE SERVICE PHILADELPHIA PA | | 25. PLACE OF ENTRY INTO SERVICE SEE 9 | |
| 26. REGISTERED YES | | 27. LOCAL S.S. BOARD NO. | | 28. COUNTY AND STATE SALEM N J | | 29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE SEE 9 | |
| 30. MILITARY OCCUPATIONAL SPECIALTY AND NO. CHIEF STOREKEEPER 769 | | | | 31. MILITARY QUALIFICATION AND DATE (i.e., Infantry, aviation and marksmanship badges, etc.) RIFLE M-1903 MKM 141 19 SEP 43 | | | |
| 32. BATTLES AND CAMPAIGNS NORTHERN FRANCE GO 33 WD 45 | | | | | | | |
| 33. DECORATIONS AND CITATIONS AMERICAN THEATER RIBBON EUROPEAN-AFRICAN-MIDDLE EASTERN RIBBON GOOD CONDUCT MEDAL VICTORY MEDAL | | | | | | | |
| 34. WOUNDS RECEIVED IN ACTION NONE | | | | | | | |
| 35. LATEST IMMUNIZATION DATES | | | | 36. SERVICE OUTSIDE CONTINENTAL U.S. AND RETURN | | | |
| SMALLPOX 11OCT43 | | TYPHOID 3DEC45 | | TETANUS 22OCT45 | | OTHER (specify) NONE | |
| DATE OF DEPARTURE 2 JAN 44 | | DESTINATION ETO USA | | DATE OF ARRIVAL 8 JAN 44 | | | |
| DATE OF DEPARTURE 27 DEC 45 | | DESTINATION USA | | DATE OF ARRIVAL 5 JAN 46 | | | |
| 37. TOTAL LENGTH OF SERVICE | | | | 38. HIGHEST GRADE HELD | | | |
| CONTINENTAL SERVICE | | | | FOREIGN SERVICE | | | |
| YEARS | MONTHS | DAYS | YEARS | MONTHS | DAYS | | |
| 1 | 6 | 2 | 2 | 0 | 4 | SGT | |
| 39. PRIOR SERVICE NONE | | | | | | | |
| 40. REASON AND AUTHORITY FOR SEPARATION CONVENIENCE OF THE GOVERNMENT AR 615-365 15 DEC 1944 AND RR 1-1 DEMOBILIZATION | | | | | | | |
| 41. SERVICE SCHOOLS ATTENDED NONE | | | | | | | |
| 42. EDUCATION (Years) 8 4 0 | | | | | | | |

PAY DATA

| | | | | | | | | | |
|--------------------------------|--------|-----------------------|-------|----------------------|-------------|----------------|-----------------|----------------------------------------------|--|
| 43. LONGEVITY FOR PAY PURPOSES | | 44. MUSTERING OUT PAY | | 45. SOLDIER DEPOSITS | | 46. TRAVEL PAY | | 47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER | |
| YEARS | MONTHS | DAYS | TOTAL | THIS PAYMENT | NONE | \$4.90 | \$178.53 | H M FIX MAJ FD | |

INSURANCE NOTICE

| | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------|-----------|------------------------------------------------|------------------|---------------------------------------------------|---------------|----------------------------------------------------------------------------------------------|--|
| IMPORTANT IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D.C. | | | | | | | | | |
| 48. KIND OF INSURANCE | | 49. HOW PAID | | 50. Effective Date of Allotment Discontinuance | | 51. Date of Next Premium Due (One month after 50) | | 52. PREMIUM DUE EACH MONTH | |
| Not. Serv. | U.S. Govt. | None | Allotment | Direct to V. A. | 31 DEC 45 | 31 JAN 46 | \$6.50 | 53. INTENTION OF VETERAN TO X Continue X Continue Only X Discontinue | |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 54.  | | 55. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives) LAPEL BUTTON ISSUED ASR SCORE 2 SEPTEMBER 1945 63 INACTIVE ERC FROM 22 JUN 42 TO 5 JUL 42 | |
| 56. SIGNATURE OF PERSON BEING SEPARATED  | | 57. PERSONNEL OFFICER (Type name, grade and organization - signature) MORRIS KRELL CAPTAIN AC Morris Krell | |

WD AGO FORM 53-55
1 November 1944

This form supersedes all previous editions of WD AGO Forms 53 and 55 for enlisted persons entitled to an Honorable Discharge, which will not be used after receipt of this revision.

49834

VETERANS ADMINISTRATION

TO: Advisement & Guidance Subdivision

DATE

2/11/46

C#

I hereby request educational or vocational guidance as provided by Public Law #346. I wish an appointment as soon as possible, or

VETERAN'S SIGNATURE

Jesse J. J. J.

Appointment Date

Eligible for Advisement

Registration Officer

2/11/46

Date





VETERANS ADMINISTRATION

INDEXED

Regional Office #10 Wilmington Regional Office
Dravo Building
Wilmington, Delaware

YOUR FILE REFERENCE:

IN REPLY REFER TO: 60R3BBA

F 526.....4502
I 357.....RAAS
L 505.....1900
E 2527.....1950
P 2751.....Title

October 20, 1949

Suspense date: 11-3-49

TO: Manager, Veterans Administration
128 North Broad Street
Philadelphia, Pa.

Name VINYARD, Jesse J.

C-Number 10 397 715

ATTN.: Chief, Administrative Division

SUBJ.: Transfer of Veteran's Records.

**RUSH
TRANSFER REQUEST**

1. Permanent transfer of records for above-named veteran is requested for the following reason:

- a. (1) ☐ Veteran reported new residence address, not of temporary nature, under jurisdiction of this office:

New address _____

Old address _____

- (2) Veteran has filed following claim/application for benefits:

- ☐ VA Form 9-357. ☐ VA Form 8-526. ☐ VA Form 9-579.
☐ 10-P-10. ☐ VA Form 7-1900. ☐ VA Form 7-1950. ☐ VA 10-2827.
☒ VA Form 7-1953

- b. ☒ Veteran attending educational institution under jurisdiction this office. Univ. of Delaware, Newark, Del.
- c. ☐ Veteran receiving training at an establishment under jurisdiction this office.
- d. ☒ No change in address to which veteran's checks are to be mailed is involved.
- e. ☐ New mailing address to which veteran's checks are to be mailed is: _____
- f. ☐ Other: _____

2. Temporary transfer of following records of above-named veteran is requested for purpose of _____

- ☐ Claims folder.
☐ R & E folder.

- ☐ Treatment folder.
☐ Training subfolder.

Encl.

VA Form 572 dated _____

Veteran's letter dated _____

FL 3-37
Nov 1947

F. C. Kane
F. C. KANE

Chief, Administrative Division.

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION



VETERANS ADMINISTRATION
R.O. No. 10 - 128 North Broad Street,
Philadelphia 2, Penna.

November 14, 1947

YOUR FILE REFERENCE:

IN REPLY REFER TO: 10R3BBC

Suspense Date:

TO: Manager VARO
20 Washington Place
Newark, N.J.

Name VINYARD, Jesse J.

C-Number 10397 715

P- 11-25

1950-2/19/46
INDEXED NOV 18 1947

ATTN: Transfer Section

SUBJ: Transfer of Veterans Records

TRANSFER CASE

1. Permanent transfer of records for above-named veteran is requested for the following reason:

- a. (1) ☐ Veteran reported new residence address, not of temporary nature, under jurisdiction of this office:

New Address: _____

Old Address: 72 W. Harmony St., Pennsgrove, NJ

- (2) Veteran has filed following claim/application for benefits:

☐ VA Form 9-357 ☐ VA Form 8-526 ☐ VA Form 9-579
☐ 10-P-10 ☐ VA Form 7-1900 ☐ VA Form 7-1950 ☐ VA 10-2827

- b. ☒ Veteran attending educational institution under jurisdiction this office. Keystone Secretarial School, Swarthmore, Pa.
c. ☐ Veteran receiving training at an establishment under jurisdiction this office.
d. ☐ No change in address to which veteran's checks are to be mailed is involved.
e. ☐ New mailing address to which veteran's checks are to be mailed is: _____
f. ☐ Other: _____

2. Temporary transfer of following records of above-named veteran is requested for purpose of _____

☐ Claim Folder
☐ R & E Folder

☐ Treatment Folder
☐ Training Sub-Folder

Encl.

VA Form 572 dated _____

Veterans Letter dated _____

FL 3-37

Jan 1947

M. E. Russell

M. E. RUSSELL

Chief, Administrative Division

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

34282



VETERANS ADMINISTRATION
R.O. No. 10 - 128 North Broad Street,
Philadelphia 2, Penna.

November 14, 1947

YOUR FILE REFERENCE:

IN REPLY REFER TO: 10R3BBC

Suspense Date:

TO: Manager VARO
20 Washington Place
Newark, N.J.

Name VETERAN Jesse J.
C-Number 10397 715

P- 11-25

ATTN: Transfer Section

SUBJ: Transfer of Veterans Records

1. Permanent transfer of records for above-named veteran is requested for the following reason:

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Old Address: 72 W. Harmony St., Pennsgrove, NJ

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☐ Claim Folder
☐ R & E Folder

☐ Treatment Folder
☐ Training Sub-Folder

Encl.

VA Form 572 dated _____
Veterans Letter dated _____

FL 3-37
Jan 1947

M. E. Russell
M.E. RUSSELL
Chief, Administrative Division

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

34282

~~NEWARK, NEW JERSEY~~
CERTIFICATE OF ELIGIBILITY
FOR EDUCATION OR TRAINING BENEFITS
PUBLIC LAW #346

Date--~~13 April 1946~~

Mr. Jesse J. Vinyard
87 Shell Road
Carney's Point, New Jersey

VA-133-129

C#-----10 397 715-----SERVICE-----Army

This CERTIFICATE is issued to facilitate your enrollment for a course of education or training under Public Law #346, 78th Congress. It may be presented to any approved educational institution or training establishment as your authority to receive the benefits provided by the law.

This certifies that you are eligible to pursue a course of education or training for a period of one year. Upon satisfactory completion of such course, you will be entitled to an additional period not to exceed the length of your active, eligible military service but, in no event shall the total period of education or training exceed four years.

TO BE COMPLETED BY VETERAN

I began a course of education or training at _____

(Name of Institution)

on _____, 19____

Will you be gainfully employed in full-time employment while pursuing education or training? _____

(Veteran Sign Here)

Chief,
Registration & Research Section
Veterans Administration,
New Jersey.

TO BE COMPLETED BY EDUCATIONAL INSTITUTION OR TRAINING ESTABLISHMENT

VETERAN'S NAME _____ started course in _____
at _____ address _____ or (date) _____
Full-time _____ Part-time _____ Length of course _____

EDUCATIONAL

Semester Hours of Credit _____
Clock Hours of Attendance _____
Tuition \$ _____ Fees \$ _____
Books and Supplies \$ _____

JOB-PLACEMENT

Veteran's Pay per hour _____
Entering Pay for journeyman per hr _____
Standard work week _____ hrs
(If monthly payments are made, so indicate, with amounts)

THIS CERTIFICATE SHOULD BE COMPLETED AND FORWARDED IMMEDIATELY BY THE SCHOOL OR TRAINING ESTABLISHMENT TO THE REGIONAL OFFICE, VETERANS ADMINISTRATION HAVING JURISDICTION.

(Signature)

(Address)

(Title of authorized official)

STATUS CARD PREPARED
DATE APR 13 1945



IMPORTANT—PLEASE READ

IN SUBMITTING THIS APPLICATION ATTACH A CERTIFIED COPY OF
YOUR DISCHARGE OR A RELEASE FROM ACTIVE SERVICE

(NOTE.—If you are disabled due to a service-connected disability and believe that you are in need of vocational rehabilitation to overcome the handicap of your disability, you should not fill out this form without first consulting the nearest office of the Veterans Administration.)

10397715

VETERAN'S APPLICATION FOR A COURSE OF EDUCATION OR TRAINING
OR A REFRESHER OR RETRAINING COURSE UNDER PART VIII

I, VINYARD JESSE JULIAN
(Last name—Print clearly) (First name) (Middle name)

Mailing address 87 SHELL RD. CARNEY'S POINT N. J.
(Number) (Street) (City or town) (Zone) (State)

hereby make application for a course of education or training or a refresher or retraining course.

1. Have you ever applied for any benefits under the laws administered by the Veterans Administration? No If the answer is in the affirmative, give _____
(Yes or no) (Date of application)

C- _____ and _____
(Claim number) (Veterans Administration office where claim is filed)

2. If you are now pursuing or have selected a course of education or training, give name of course _____
_____ and name and location
of school or institution _____

3. (a) Place of birth WILMINGTON, DEL. (b) Date of birth 14 SEPT. 1921

4. Description of applicant as of date of last enlistment:

Sex MALE Race WHITE Weight 145 pounds. Height 69 inches
Color of hair BROWN Color of eyes BLUE Complexion FAIR

5. (a) Make a cross (X) after branches of service in which you served:

Army X Navy _____ Marine Corps _____ Coast Guard _____

NOTE.—(a) If you served under a name other than the one used in this application, indicate the
name under which you served and the period of service _____

6. Give the following information about your active service:

| ENTERED ACTIVE SERVICE | | SERIAL No. | DISCHARGED OR RELEASED FROM ACTIVE SERVICE | | RANK AND ORGANIZATION | CHARACTER OF DISCHARGE, HONORABLE OR OTHERWISE |
|------------------------|----------|------------|--------------------------------------------|---------------|-----------------------------------------|------------------------------------------------|
| Date | Place | | Date | Place | | |
| 6 JULY 42 | FORT DIX | 13096361 | 11 JAN. 46 | FORT MONMOUTH | SGT. 3254 th ORN. B. DEPT CO | HONORABLE |
| | | | | | | |
| | | | | | | |
| | | | | | | |

7. If you pursued during active service a course of education or training under the Army specialized training program or the Navy college training program or were a cadet or midshipman at one of the service academies, fill in the following:

| SERVICE TRAINING | WHEN ATTENDED | | NAME AND LOCATION OF SCHOOL AND NAME OF COURSE | DID YOU COMPLETE COURSE? |
|-----------------------------------|---------------|-----|------------------------------------------------|--------------------------|
| | From— | To— | | |
| Army Specialized Training Program | | | | |
| Navy College Training Program | | | | |
| USNA Annapolis | | | | |
| USMA West Point | | | | |
| USCGA New London | | | | |

8. If you were over 25 years of age on September 16, 1940, having entered the active service prior to that date, or if you were over 25 years of age when you entered the active service on or after September 16, 1940, and wish to establish that your education was impeded, delayed, interrupted, or interfered with by reason of your entrance into the service, you should with this application, submit any available pertinent evidence and should also fill in the following:

| NAME AND LOCATION OF SCHOOL | WHEN ATTENDED From— To— | GRADE OR CLASS COMPLETED | YEAR GRADUATED DEGREE, IF ANY | MAJOR DEPARTMENT OR COURSE |
|------------------------------------|-------------------------|--------------------------|--------------------------------------|----------------------------|
| Grammar | | | | |
| Junior high | | | | |
| High or preparatory | | | | |
| Junior college | | | | |
| College or university | | | | |
| Graduate or professional school | | | (If no degree, state semester hours) | |
| Vocational or trade school | | | | |
| Other schools or courses (specify) | | | | |
| Correspondence school | | Course: | Extent completed: | |

High School Grad.

9. IMPORTANT.—The law provides that any person eligible for any course of education or training or a refresher or retraining course may pursue such full-time or part-time course or courses as he may elect *without subsistence allowance*. If you desire to apply for subsistence allowance of \$50 per month, if without a dependent or dependents, or \$75 per month, if you have a dependent or dependents, fill in items 9 (a), 9 (b), 9 (c), and 9 (d).

(a) Do you apply for subsistence allowance? Yes

(Yes or no)

(b) Are you single, married, widowed, or divorced? SINGLE

(c) Have you a child or children? No

(Yes or no)

If so, give age of youngest child

(d) Have you a mother or father dependent upon you for support? No

(Yes or no)

NOTE.—If further space is needed for answering any question on this application attach an additional sheet to this application.

I hereby certify that I have read all questions and answers thereto embodied in this application; that answers to all above questions are true and complete to the best of my knowledge and belief; that I have submitted all available information and evidence in support of this application, and that the foregoing statements are made as a part thereof with full knowledge of the penalty provided for making a false statement as to a material fact in such application.

Date 11 FEBRUARY, 1946

Jesse Wingard
(Signature of claimant)

PENALTIES

That whoever shall obtain or receive any money, check, or pension under this title, or regulations issued under this title, without being entitled to the same, and with intent to defraud the United States or any beneficiary of the United States, shall be punished by a fine of not more than \$2,000, or by imprisonment for not more than 1 year, or both.

Any person who shall knowingly make or cause to be made, or conspire, combine, aid, or assist in, agree to, arrange for, or in any wise procure the making or presentation of a false or fraudulent affidavit, declaration, certificate, statement, voucher, or paper, or writing purporting to be such, concerning any claim for benefits under this title, shall forfeit all rights, claims, and benefits under this title, and, in addition to any and all other penalties imposed by law, shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of not more than \$1,000 or imprisonment for not more than 1 year, or both.

IMPORTANT NOTICE

Educational and vocational guidance to persons eligible for education and training will be provided for those who desire such assistance.

You should file this application with the regional office of the Veterans Administration where your C- folder is now located, or with the regional office of the Veterans Administration in the State in which the educational or training institution, which you have selected, is located, or with the approved educational or training institution which you have selected.

PERTINENT PROVISIONS OF THE SERVICEMEN'S READJUSTMENT ACT OF 1944

"Any person who served in the active military or naval service on or after September 16, 1940, and prior to the termination of the present war, and who shall have been discharged or released therefrom under conditions other than dishonorable, and whose education or training was impeded, delayed, interrupted, or interfered with by reason of his entrance into the service, or who desires a refresher or

retraining course, and who either shall have served 90 days or more, exclusive of any period he was assigned for a course of education or training under the Army specialized training program or the Navy college training program, which course was a continuation of his civilian course and was pursued to completion, or as a cadet or midshipman at one of the service academies, or shall have been discharged or released from active service by reason of an actual service-incurred injury or disability, shall be eligible for and entitled to receive education or training under this part: *Provided*, That such course shall be initiated not later than 2 years after either the date of his discharge or the termination of the present war, whichever is the later: *Provided further*, That no such education or training shall be afforded beyond 7 years after the termination of the present war: *And provided further*, That any such person who was not over 25 years of age at the time he entered the service shall be deemed to have had his education or training impeded, delayed, interrupted, or interfered with.

(Note.—A person who was over 25 years of age at the time of his entrance into service may be entitled to a refresher or retraining course for a period of not more than one year regardless of whether his education or training was impeded, delayed, interrupted, or interfered with by reason of his entrance into service.)

"Any such eligible person shall be entitled to education or training, or a refresher or retraining course, at an approved educational or training institution, for a period of 1 year (or the equivalent thereof in continuous part-time study), or for such lesser time as may be required for the course of instruction chosen by him. Upon satisfactory completion of such course of education or training, according to the regularly prescribed standards and practices of the institutions, except a refresher or retraining course, such person shall be entitled to an additional period or periods of education or training, not to exceed the time such person was in the active service on or after September 16, 1940, and before the termination of the war, exclusive of any period he was assigned for a course of education or training under the Army specialized training program or the Navy college training program, which course was a continuation of his civilian course and was pursued to completion, or as a cadet or midshipman at one of the service academies, but in no event shall the total period of education or training exceed 4 years: *Provided*, That his work continues to be satisfactory throughout the period, according to the regularly prescribed standards and practices of the institution: *Provided, however*, That wherever the additional period of instruction ends during a quarter or semester and after a major part of such quarter or semester has expired, such period of instruction shall be extended to the termination of such unexpired quarter or semester.

"Such person shall be eligible for and entitled to such course of education or training as he may elect, and at any approved educational or training institution at which he chooses to enroll, whether or not located in the State in which he resides, which will accept or retain him as a student or trainee in any field or branch of knowledge which such institution finds him qualified to undertake or pursue: *Provided*, That for reasons satisfactory to the Administrator, he may change a course of instruction: *And provided further*, That any such course of education or training may be discontinued at any time, if it is found by the Administrator that, according to the regularly prescribed standards and practices of the institution, the conduct or progress of such person is unsatisfactory.

"While enrolled in and pursuing a course under this part, such person, upon application to the Administrator, shall be paid a subsistence allowance of \$50 per month, if without a dependent or dependents, or \$75 per month, if he has a dependent or dependents, including regular holidays and leave not exceeding 30 days in a calendar year. Such person attending a course on a part-time basis, and such person receiving compensation for productive labor performed as part of their apprentice or other training on the job at institutions, business or other establishments, shall be entitled to receive such lesser sums, if any, as subsistence or dependency allowances, as may be determined by the Administrator: *Provided*, That any such person eligible under this part, and within the limitations thereof, may pursue such full-time or part-time course or courses as he may elect, without subsistence allowance.

"Any such person eligible for the benefits of this part, who is also eligible for the benefit of part VII, may elect which benefit he desires: *Provided*, That, in the event of such election, subsistence allowance hereunder shall not exceed the amount of additional pension payable for training under said part VII."

Section 1505 of the act contemplates that there will be deducted from any benefit in the nature of adjusted compensation (bonus) hereafter authorized by Congress any payments made to you or for you in connection with a course of education or training or a refresher or a retraining course received by you under Public Law 346.

VETERANS ADMINISTRATION
REGIONAL OFFICE
20 WASHINGTON PLACE
NEWARK, NEW JERSEY 07102



Date: July 14, 1978
In Reply Refer to: XC 1039 77 15
VINYARD, Julian J.

Mrs. Ruth Vinyard
352 Sharptown Road
Salem, New Jersey 08079

309/211A

IMPORTANT
Read the back of this letter

We are sincerely sorry to learn of the veteran's death. We realize this is a difficult adjustment period for the veteran's family and wish to offer assistance to the widow(er), children and parents in applying for benefits to which they may be entitled. The benefits are explained in the enclosed application form, which, when completed and returned to us, will be given prompt and careful consideration. It is important that the completed application be returned within 1 year of the date of the veteran's death.

The filing of the claim does not necessarily mean that the benefits applied for will be allowed, as certain eligibility requirements must be met. You can help us process your claim sooner if you send with your application evidence to establish your relationship to the veteran. Please refer to the boxes checked below. If evidence is indicated as required, please submit it promptly. If any of the boxes have not been checked, the evidence we need may already be of record.

- ☒ a. Proof of your marriage to the veteran.
- ☐ b. The veteran's birth record.
- ☐ c. A certified copy of the public record of the veteran's death.
- ☒ d. The birth record for each of the children listed on your application.

ACCRUED BENEFITS

☐ An accrued benefit may be payable based on the veteran's award or pending claim at date of death. A completed VA Form 21-534 or 21-535 will be considered as a claim for this benefit. It must, however, be filed within 1 year from the date of death.

D. J. D'AMICO
Adjudication Officer

Encl.

- ☒ VA Form 21-534
- ☐ VA Form 21-535

(Over)

FL 21-15
NOV 1977(RS)

File
400
SES

You may obtain help in preparing your claim from any Veterans Administration office or by writing to us. Even if you have filed an application with the Social Security Administration for benefits, you should complete the enclosed form and return it to this office as soon as possible. This will furnish us with additional information which we will need to take action on your claim.

If you have already filed the form we are furnishing, please disregard this letter.

Where evidence is required to establish death, birth, marriage, etc., the proof outlined below should be submitted.

1. *DEATH.* A copy of the public record of death certified by the custodian of such records, or a duly certified copy of a coroner's report of death, or a verdict of a coroner's jury.
2. *BIRTH.* A copy of the public record of birth or the church record of baptism showing the name of the child, the date of birth and the names of the parents, certified by the custodian of such records. If neither of these records exists it is not necessary to establish one for the purpose of this claim; instead, submit the affidavit of the physician or midwife in attendance at birth, or the affidavits of two or more persons, preferably disinterested, who should state the name, date and place of birth of the person concerning whom the affidavit is made and the names of the parents of such person. If establishing birth of a legally adopted child, a copy of the court order of adoption certified by the custodian of such record should be furnished.
3. *MARRIAGE.* A copy of the public or church record of marriage certified by the custodian of such records. (The church record of marriage should show the names of the parties to the marriage, their prior marital status, if available, the date of marriage, the name of the person who performed the marriage and the name and location of the church where the marriage was performed.) If neither of these records is obtainable, furnish either the affidavit of the clergyman or magistrate who performed the ceremony, or the original certificate of marriage, or the affidavits of two or more eye witnesses to the ceremony.
4. *AFFIDAVITS.* If affidavits are submitted in place of certified copies of public or church records, such affidavits should be signed before a notary public or other officer authorized to administer oaths for general purposes, whose official seal must be shown, or before a properly designated employee of the Veterans Administration. Persons making affidavits should state their ages, post office addresses, and means of knowledge of the facts in the affidavits.

NOTE: Certified copies of public records required by the Veterans Administration to determine eligibility for benefits, are furnished without charge in many states. Your request to the Custodian of Public Records should be accompanied by this letter.

157459EVDIF

CACA

174541 R 1-19-01-027013

1IDX4147 DIF.

INDEX 17947372 1564 179 IDX309VINYARD, JULIAN, JESSE/SN13096361BR1DB091

421EN070042SS215187920DI011146M1. TRY VINYARD, JESSE, J VET BR UNK

SN13096361 SVC DATES UNK C10397715 FLDR LOC RPC (376).

TRF 7-17
IN

NNNN

157459EVDIF

NOTICE OF DEATH WORKSHEET

1. ROUTING (Check one)
☐ A. FAST RESPONSE- SEND TO AUSTIN
☐ B. SEND TO AUSTIN (Item 3 blank)
☒ C. SEND TO AUSTIN AND HINES (File (C or SS) number in Item 3)

2. TRANSACTION TYPE
 NOD
 3. FILE NUMBER
 10397715
 4. R.O. NO.
 -09

5A. FIRST NAME OF VETERAN
 JESSE

5B. SECOND NAME OF VETERAN
 J

5C. SURNAME OF VETERAN
 VINYARD

6. DATE OF DEATH (Month, day, year)
 06/16/78
 7. DEATH CAUSE
 1- UNKNOWN 3- COMBAT 2- NATURAL 4- OTHER
 2
 8. DEATH IN SERVICE
 1- YES 2- NO
 2
 9. DATE OF BIRTH (If not known enter comma (,) in first space)
 09/14/21

10. SERVICE DATA
 (If Item 10A, 10B, or 10C is not known enter comma (,) in Item 10A and go to Item 11.)
 11. OFFICE OF JURISDICTION
 12. FOLDER IN R.O.

10A. BR. SVC.
 10B. ENTERED ON ACTIVE DUTY (Month, day, year)
 07/06/42
 10C. RELEASED FROM ACTIVE DUTY (Month, day, year)
 01/11/46
 10D. ADD'L SVC.
 1- WT 2- PTE
 09/1
 11A. STA. NO.
 11B. CODE
 1- POSITIVE 2- TENTATIVE
 1
 1- YES 2- NO
 1

13. SERVICE NUMBER
 SN 13096361
 14. SOCIAL SECURITY NUMBER
 SS 215-18-7920
 15. INSURANCE NUMBER (Prefix and number)

16. TYPE OF DISCHARGE
 TY
 1- HONORABLE 2- OTHER THAN HONORABLE 3- DISHONORABLE
 S

17. PERSON TO BE ISSUED PRESIDENTIAL MEMORIAL CERTIFICATE (Complete based on claims folder information. BLOCK PRINT)

A. NAME (First, middle, last)
 Ruth G. VINYARD
 TITLE (Mr., Mrs., Miss, Ms.)
 Wife
 E. RELATIONSHIP TO VETERAN

B. NUMBER AND STREET
 352 SHARPTOWN RD

C. CITY OR P.O.
 SALEM,

D. STATE AND ZIP CODE
 N.J. 08079

18. STATION NAME
 TO

19. REMARKS

20. DATE
 7-7-78
 21. MAIL SYMBOL
 211A
 22. PREPARING CLERK
 JH/8

NOTE - SHADED ITEMS TO BE COMPLETED BY INPUT ACTIVITY

| | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. COPY TO <input type="checkbox"/> VSO | | 2. POWER OF ATTY. | | 3. FILE NO. XC- 1039771500 | | 4. DEC. PAYEE NO. | |
| 5. TRANS. 05 | | 7. TYPE OF CLAIM | | 8. INITIALS AND SURNAME OF VETERAN (If other than deceased person entitled) JJ VINYARD | | 9. INITIALS AND SURNAME OF DECEASED PERSON ENTITLED (Accrued only) | |
| 6. FILE DESIG. | | SC DEATH S <input type="checkbox"/> BURIAL ALLOWANCE T <input type="checkbox"/> BURIAL ALLOW. PLUS NAT. CEM. TRANS. (PL94-433) | | NSC DEATH W <input checked="" type="checkbox"/> BURIAL ALLOW. AND/OR PLOT/INTERM U <input type="checkbox"/> BURIAL ALLOW. PLUS NAT. CEM. TRANS. (PL94-433) | | ACCURED X <input type="checkbox"/> REIMB. Y <input type="checkbox"/> REL. | |
| 10. BURIAL ONLY | | 11. ACCRUED ONLY | | 12. ENTIT. CODE 20 | | 13. LETTER INDICATOR <input checked="" type="checkbox"/> 1 - DICTATED <input type="checkbox"/> 3 - TRANS. <input type="checkbox"/> 2 - PENDING <input type="checkbox"/> 4 - SC PENDING & TRANS. | |
| 14A. NAME AND ADDRESS OF PAYEE (Or person to be notified if disallowed) ASHCRAFT FUNERAL HOME A/C J J VINYARD 47 STATE STREET PENNS GROVE NJ 08069 | | | | 15. RELATIONSHIP OF CLAIMANT TO VETERAN | | | |
| 14B. MAIL CODE (Foralgn) | | | | 16. DATE OF DEATH 6-16-78 | | 17. DATE OF CLAIM 6-26-78 | |
| 20. AWARD DATA | | | | 18. ACTIVE DUTY DATES (Month, day, year) EOD 6-22-42 RAD 1-11-46 | | | |
| A. ACCRUED | | B. BURIAL | | 19. REMARKS NO EVIDENCE OF S/C DEATH 194-3M 36 | | | |
| AMOUNT AVAILABLE | \$ | BURIAL ALLOWANCE | \$ 250.00 | | | | |
| NO. OF PAYEES ENTITLED | | TRANSPORTATION | — | | | | |
| NO. OF PAYEES THIS AWARD | | PLOT OR INTERMENT ALLOW. | \$ 150.00 | | | | |
| AMOUNT THIS AWARD | \$ | TOTAL AWARD | \$ 400.00 | | | | |
| COLLECTION AMOUNT | | PAYEE NO. PERSON OVER PAID | | | | | |
| NET PAY AMOUNT | \$ | | | | | | |
| DISALLOWANCE (NOT FOR INPUT) | | | | | | | |
| 21. REASON FOR DISALLOWANCE (Check applicable box(es)) | | | | | | | |
| <input type="checkbox"/> A. PEACETIME VETERAN NOT DISCHARGED FOR SERVICE CONNECTED DISABILITY, NOT IN RECEIPT OF COMPENSATION AND DEATH NOT SERVICE CONNECTED <input type="checkbox"/> B. DECEASED HAD NO ACTIVE MILITARY SERVICE <input type="checkbox"/> C. CHARACTER OF DISCHARGE IS A BAR <input type="checkbox"/> D. DIED IN SERVICE <input type="checkbox"/> E. CLAIM NOT FILED WITHIN THE STATUTORY PERIOD | | | | <input type="checkbox"/> F. EVIDENCE TO COMPLETE CLAIM NOT FURNISHED WITHIN THE STATUTORY PERIOD <input type="checkbox"/> G. TOTAL BURIAL EXPENSE PAYABLE FROM BURIAL BENEFIT FROM OUTSIDE SOURCE <input type="checkbox"/> H. BURIAL ALLOWANCE AUTHORIZED BY OTHER GOVERNMENT AGENCY <input type="checkbox"/> I. NOT THE PROPER CLAIMANT <input type="checkbox"/> J. | | | |
| 22. SUBMITTED BY SE Starks | | 23. DATE 7-7-78 | | 24. APPROVED BY P. Holden | | 25. DATE 7/6/78 | |
| | | | | | | 26. R.O. NO. 09 | |
| 27. NAME AND ADDRESS OF PERSONS TO BE NOTIFIED OF ACTION (Other than claimant) BURIAL ALLOWANCE ONLY | | | | | | | |
| <input checked="" type="checkbox"/> FL 21-882 to: MRS RUTH VINYARD 352 SHARPTOWN ROAD <input type="checkbox"/> FL 21- to: SALEM NJ 08079 | | | | | | | |

INDEXED 303 NEWARK, N.J.

DEATH CERTIFICATE
VETERANS ADMINISTRATION
APPLICATION FOR BURIAL BENEFITS

(Under 38 U.S.C. Chapter 23)

(DO NOT WRITE
IN THIS SPACE)
VA DATE STAMP

IMPORTANT - Read instructions carefully before completing form. YOUR COMPLETE COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY.

1. FIRST NAME - MIDDLE NAME - LAST NAME OF DECEASED VETERAN (Type or print)

Julian Jesse Vinyard

2A. SOCIAL SECURITY NO. OF VETERAN

215-18-7920

2B. VA FILE NO.

C-

3A. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT (Type or print)

Ashcraft Funeral Home, John K. Ashcraft, Mgr.

3B. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)

47 State St., Penns Grove, N.J. 08069

4. RELATIONSHIP TO VETERAN

Creditor

PART I - INFORMATION REGARDING VETERAN

5. DATE OF BIRTH

14 Sept. 21

6. PLACE OF BIRTH

Wilmington, Del.

7. DATE OF DEATH

16 June 78

8. PLACE OF DEATH

General Hosp.
Wilmington, Del.

9. MARITAL STATUS

☐ NEVER
MARRIED☐ MARRIED☒ WIDOWED☐ DIVORCED

10. SURVIVING CHILD(REN)?

☒ YES ☐ NO11. FIRST NAME, MIDDLE NAME, LAST NAME
OF SPOUSE (Complete address, if living)Ruth G. Vinyard
352 Sharptown Rd.
Salem, N.J.12. FIRST NAME, MIDDLE NAME, LAST NAME OF
FATHER (Complete address, if living)Jesse H. Vinyard
Dec'd13. FIRST NAME, MIDDLE NAME, LAST NAME
OF MOTHER (Complete address, if living)Edna Fenton Vinyard
Dec'd

SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)

| 14A. ENTERED SERVICE | | 14B. SERVICE NO. | 14C. SEPARATED FROM SERVICE | | 14D. GRADE, RANK OR RATING ORGANIZATION AND BRANCH OF SERVICE |
|----------------------|-------------|------------------|-----------------------------|------------------|---------------------------------------------------------------------|
| DATE | PLACE | | DATE | PLACE | |
| 6 Jul. 42 | Phila., Pa. | 13096361 | 11 Jan. 46 | Ft. Monmouth, NJ | Sgt. 325 Ord. Base Depot |
| | | | | | |
| | | | | | |

15. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME

None

PART II - INFORMATION RELATING TO CLAIM FOR BURIAL BENEFITS
(AND PLOT/INTERMENT IF PAID BY CLAIMANT FOR BURIAL BENEFITS)

NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

16. DATE OF BURIAL

19 June 78

17. PLACE OF BURIAL

Sharptown Methodist Cem., Sharptown, N.J.

18. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE
FEDERAL GOVERNMENT?☐ YES ☒ NO (If "No," complete Items 19 and 20)

19. BURIAL PLOT, MAUSOLEUM, ETC. COST IS: (Check one)

☐ PAID BY ANOTHER PERSON(S) ☐ PAID BY CLAIMANT FOR BURIAL
☒ DUE FUNERAL DIRECTOR ☐ NONE
☐ DUE CEMETERY OWNER

20. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address)

Pd. Ashcraft Funeral Home, 47 State St., Penns Grove, N.J.

21. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION AND IF CLAIMED, BURIAL PLOT

\$ 1905.00

22. AMOUNT PAID

\$ None

23. WHOSE FUNDS WERE USED?

24A. HAS PERSON WHOSE FUNDS WERE
USED BEEN REIMBURSED?☐ YES ☒ NO (If "Yes," complete
Items 24B and 24C)24B. AMOUNT OF REIMBURSE-
MENT

\$ --

24C. SOURCE OF
REIMBURSEMENT

25A. HAS OR WILL ANY AMOUNT BE ALLOWED ON
EXPENSES BY STATE OR FEDERAL AGENCY?☐ YES ☒ NO (If "Yes," complete Items
25B and 25C)

25B. AMOUNT

25C. SOURCE

26. WAS THE VETERAN A MEMBER OF A BURIAL
ASSOCIATION OR COVERED BY BURIAL
INSURANCE?☐ YES ☒ NO (Before answering read and comply
with instruction 10)

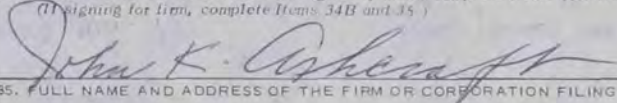
PART III - CLAIM FOR PLOT INTERMENT ALLOWANCE ONLY

IMPORTANT - Complete only if burial was NOT in a national cemetery or cemetery owned by the Federal Government.

| | | | |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| 27. COST OF BURIAL PLOT <i>(Individual Grave Site)</i> 75.00 Opening \$ 295.00 Vault | 28. DATE OF PURCHASE 19 June 78 | 29A. HAVE BILLS BEEN PAID IN FULL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "No," complete Item 29B)</i> | 29B. AMOUNT UNPAID \$ None |
| 30. DATE OF PAYMENT 19 June 78 | 31. WHOSE FUNDS WERE USED? Funeral Home | 32A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If "Yes," complete Items 32B and 32C)</i> | 32B. AMOUNT OF REIMBURSEMENT \$ -- |
| 32C. SOURCE OF REIMBURSEMENT -- | 33A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If "Yes," complete Items 33B and 33C)</i> | 33B. AMOUNT \$ -- | 33C. SOURCE -- |

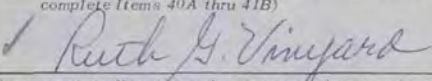
PART IV - CERTIFICATION AND SIGNATURE

I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief.

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| 34A. SIGNATURE OF CLAIMANT <i>(If signed by mark, complete Items 40A thru 41B)</i> <i>(If signing for firm, complete Items 34B and 35)</i>  | 34B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM John K. Ashcraft, Mgr. |
| 35. FULL NAME AND ADDRESS OF THE FIRM OR CORPORATION FILING AS CLAIMANT Ashcraft Funeral Home, 47 State St., Penns Grove, N.J. 08069 | |

NOTE - Where the claimant is a firm or other unpaid creditor, Items 36A thru 39 MUST be completed by the individual who authorized services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| 36A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES <i>(If signed by mark, complete Items 40A thru 41B)</i>  | 36B. NAME OF PERSON AUTHORIZING SERVICES <i>(Type or Print)</i> Ruth G. Vinyard |
| 37. ADDRESS <i>(Number and street or rural route, city or P.O., State and ZIP Code)</i> 352 Sharptown Rd., Salem, N.J. 08079 | |

| | |
|--------------------------------------|------------------------------------------------|
| 38. DATE June 22, 1978 | 39. RELATIONSHIP TO VETERAN Wife |
|--------------------------------------|------------------------------------------------|

WITNESSES TO SIGNATURE IF MADE BY "X" MARK

NOTE: Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

| | |
|---------------------------|-------------------------|
| 40A. SIGNATURE OF WITNESS | 40B. ADDRESS OF WITNESS |
| 41A. SIGNATURE OF WITNESS | 41B. ADDRESS OF WITNESS |

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VETERANS ADMINISTRATION HEADSTONES AND MARKERS

The Veterans Administration will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals include any veteran with an other than dishonorable discharge who dies after service or any serviceman or servicewoman who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals buried in a national or post cemetery are furnished automatically without request from the family. For additional information and an application contact the nearest Veterans Administration office.



Honorable Discharge

This is to certify that

JESSE J VINYARD 13 096 361 SERGEANT

3254TH ORDNANCE BASE DEPOT COMPANY

Army of the United States

*is hereby Honorably Discharged from the military
service of the United States of America.*

*This certificate is awarded as a testimonial of Honest
and Faithful Service to this country.*

Given at SEPARATION CENTER
FORT MONMOUTH NEW JERSEY

Date 11 JANUARY 1946

W.M. SLEPIN
MAJOR, INFANTRY

CERTIFICATE OF DEATH

State of Delaware

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC HEALTH

**BUREAU OF
VITAL STATISTICS**

LOCAL REG. NO.

STATE FILE NO.

| | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH A. COUNTY <u>New Castle</u> DELAWARE C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND GIVE NEAREST TOWN) <u>Wilmington</u> | | | | 2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) A. STATE <u>New Jersey</u> B. COUNTY <u>Salem</u> C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND GIVE NEAREST TOWN) <u>Salem</u> | | | |
| D. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL, GIVE STREET ADDRESS) <u>Wilm. Med. Center (General)</u> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | | E. IS PLACE WITHIN CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> D. STREET ADDRESS <u>352 Sharptown Road</u> YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (TYPE OR PRINT) FIRST <u>Julian</u> MIDDLE <u>Vinyard</u> LAST <u>Vinyard</u> | | 4. DATE OF DEATH MONTH <u>6</u> DAY <u>16</u> YEAR <u>78</u> | | 5. SEX <u>Male</u> 6. RACE <u>White</u> | | 7. MARITAL STATUS NEVER MARRIED <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | |
| 8. SOCIAL SECURITY NUMBER <u>215-18-7920</u> | | 9. USUAL OCCUPATION (KIND OF WORK, RETIRED, ETC.) <u>Retired</u> | | 10. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> | | 11. DATE OF BIRTH <u>9-14-21</u> | |
| 12. AGE (LAST BIRTHDAY) <u>56</u> | | 13. PLACE OF BIRTH (STATE OR FOREIGN COUNTRY) <u>Delaware</u> | | 14. WAS DECEASED EVER IN U.S. ARMED FORCES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES, GIVE WAR <u>Yes, WW II</u> | | 15. FATHER'S NAME <u>Jesse H. Vinyard</u> | |
| 16. MOTHER'S NAME <u>Edna Fenton</u> | | 17. NAME OF SPOUSE <u>Ruth Griffith Vinyard</u> | | 18. INFORMANT <u>Ruth Griffith Vinyard (Wife)</u> | | 19. CAUSE OF DEATH - ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) <u>Carcinoma of pancreas</u> CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST DUE TO (B) _____ DUE TO (C) _____ | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (A) | | | | | | 20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? IF EITHER NOTIFY MED. EX. | | 22. DESCRIBE HOW INJURY OCCURRED | | | | | |
| 23. TIME OF INJURY HOUR _____ MONTH _____ DAY _____ YEAR _____ | | 24. INJURY OCCURRED WHILE AT WORK? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 25. PLACE OF INJURY HOME, FACTORY, STREET, ETC. _____ CITY OR TOWN _____ STATE _____ | | 26. I CERTIFY THAT I ATTENDED THE DECEASED FROM <u>September, 19 77</u> TO <u>June 16, 19 78</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>June 16, 19 78</u> AND DEATH OCCURRED AT <u>0630 a.m.</u> FROM THE CAUSE AND ON THE DATE STATED ABOVE. | |
| 27. BURIAL, CREMATION, OTHER (SPECIFY) <u>Burial</u> | | 28. DATE THEREOF <u>June 19, 1978</u> | | 29. NAME OF FUNERAL HOME <u>McCrery Funeral Homes, Inc.</u> | | 30. FUNERAL DIRECTOR'S ADDRESS <u>2700 Washington St., Wilm., DE 19802</u> | |
| 31. LOCATION (CITY, TOWN, OR COUNTY) <u>Sharptown, New Jersey</u> | | 32. DATE RECEIVED BY REGISTRAR <u>JUN 19 1978</u> | | 33. REGISTRAR'S SIGNATURE <u>Barbara B. Rose M.D.</u> | | 34. PHYSICIAN'S ACTUAL SIGNATURE <u>Dr. R. Frelick</u> | |

I certify that this is a true copy of a death recorded and filed with the Bureau of Vital Statistics, Wilmington, Delaware.

JUN 19 1978

Date Issued

Barbara B. Rose M.D.
Registrar for Wilmington and
New Castle County

JOHN K. ASHCRAFT, MGR.

ASHCRAFT FUNERAL HOME

47 STATE STREET P. O. BOX 566

PENNS GROVE, N. J. 08069

TELEPHONE 299-3366

June 20, 1978

Veterans Administration
Regional Office
20 Washington Place
Newark, N.J. 07102

Julian Jesse Vinyard

Benefits Payable:

| | |
|-------------------------|------------------|
| Basic Burial Allowance. | \$ 250.00 |
| Interment Allowance. | <u>150.00</u> |
| Total Benefits. | \$ <u>400.00</u> |

IN ACCOUNT WITH

ASHCRAFT FUNERAL HOME

John K. Ashcraft, Mgr.

47 State Street

299-3366

Penns Grove, N. J. 08069

June 21, 1978

To Mrs. Ruth G. Vinyard

352 Sharptown Rd.

Salem, N.J. 08079

We appreciate the confidence you placed
in us and sincerely hope that our services
have been satisfactory to you in every way.

ASHCRAFT FUNERAL HOME

John K. Ashcraft, Mgr.

For Funeral Expense of J. Julian Vinyard
Died June 16, 1978.

Total Funeral Bill

\$ 1905.00

Received Payment,

19

Per



PROFESSIONAL SERVICES

| | |
|----------------------------------------------------------------|---------------|
| Preparation of Deceased Including Embalming | \$ 150.00 ... |
| Licensed Funeral Director and Necessary Assistants to Arrange, | |
| Supervise and Conduct Funeral | 300.00 ... |
| Non-Salaried Assistant | |
| | \$ 450.00 .. |

USE OF FUNERAL HOME AND FACILITIES

| | |
|-----------------------------------------------|--------------|
| Charge for First Day and Day of Funeral | \$ |
| For Each Additional Day | |
| Total | \$ 175.00 .. |

TRANSPORTATION

| | |
|------------------------------------------|--------------|
| Removal of Remains to Funeral Home | \$ |
| Rental of Hearse | |
| Rental of Family Car | |
| Rental of Flower Car | |
| | |
| | \$ 140.00 .. |

MERCHANDISE

| | |
|---------------------------------------------------------|---------------|
| Casket | \$ 740.00 ... |
| Vault or Other Outer Enclosure | 295.00 ... |
| Prayer Cards | |
| Clothing | |
| Acknowledgement Cards & Register & Memorial Books | 15.00 ... |
| Name Plate & Engraving | |
| | \$ 1050.00 .. |

CASH DISBURSEMENTS

| | |
|---------------------------------------------------------------------------|---------------|
| New Grave or Plot | \$ |
| Opening of Grave | 75.00 ... |
| Cremation | |
| Pallbearers | |
| Clergy or Church Offerings | |
| Telephone Calls or Telegrams | |
| Newspapers Notices | |
| Charges of Other Funeral Home | |
| Certified Copies of Death Certificate and Burial Permit 6 Cert. Copies... | 15.00 ... |
| Air or Rail Transportation | |
| Flowers | |
| Gratuities as Requested | |
| | \$ 90.00 .. |
| TOTAL FOR OUR SERVICES, MERCHANDISE AND CASH DISBURSEMENTS | \$ 1905.00 .. |

DEATH CASE

C #

Form approved.
OMB No. 76-R0049.

DEATH CASE INDEXED 309 NEWARK, N.J. C # Form approved. OMB No. 76-R0049. VE. ERANS ADMINISTRATION APPLICATION FOR UNITED STATES FLAG FOR BURIAL PURPOSES

SECTION I—APPLICATION

(Postmaster: Submit this form to the nearest VA Regional Office.)

BRANCH OF SERVICE (Check)

☒ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☐ OTHER (Specify)

LAST NAME—FIRST NAME—MIDDLE NAME OF DECEASED (Print or type)

VINYARD, J. JULIAN

VETERAN'S SERVICE (Check)

☐ WW I ☒ WW II ☐ KOREAN CONFLICT ☐ AFTER 1-31-55 ☐ OTHER (Specify)

CHECK THE CONDITION UNDER WHICH DECEASED WAS SEPARATED FROM SERVICE

☒ 1. VETERAN OF A WAR, MEXICAN BORDER SERVICE, OR OF SERVICE AFTER 1-31-55, DISCHARGED OR RELEASED FROM ACTIVE DUTY UNDER CONDITIONS OTHER THAN DISHONORABLE.

☐ 3. BY DEATH IN ACTIVE SERVICE AFTER MAY 27, 1941, AND FLAG NOT FURNISHED BY THE SERVICE DEPARTMENT.

☐ 2. DISCHARGED FROM, OR RELEASED FROM ACTIVE DUTY IN U.S. ARMED FORCES UNDER CONDITIONS OTHER THAN DISHONORABLE, AFTER SERVING AT LEAST ONE ENLISTMENT, OR DISCHARGED FOR DISABILITY INCURRED IN LINE OF DUTY.

☐ 4. SEPARATED FROM PHILIPPINE MILITARY FORCES, UNDER CONDITIONS OTHER THAN DISHONORABLE, AFTER SERVING UNITED STATES IN SUCH FORCES UNDER PRESIDENT'S ORDER OF JULY 26, 1941, AND DIED ON OR AFTER APRIL 25, 1951.

NAME, ADDRESS, AND RELATIONSHIP OF PERSON ENTITLED TO RECEIVE FLAG (If none, indicate "NONE," See par. 7 of the attached Instructions.)

Ruth G. Vinyard, 352 Sharpland Rd, Salem, N.J. wife

SECTION II—PERSONAL DATA OF DECEASED

(To be filled in if possible)

VA FILE NO.

SOCIAL SECURITY NO.

C-10-397315 215-18-7920

SERVICE SERIAL NO.

DATE OF ENLISTMENT

DATE OF DISCHARGE

DATE OF BIRTH

13096361

6 July 42

11 Jan 46

14 Sept 21

DATE OF DEATH

PLACE OF BURIAL (Name of cemetery, city, and State)

DATE OF BURIAL

11 June 78

Sharpland Mills, Sharpland, NJ

19 June 78

CERTIFICATION: I CERTIFY THAT, to the best of my knowledge and belief, the statements made above are correct and true, the deceased is eligible, in accordance with attached Instructions, for issue of a United States flag for burial purposes, and such flag has not previously been applied for or furnished.

SIGNATURE OF APPLICANT

ADDRESS

RELATIONSHIP TO DECEASED

DATE

SIGN
HERE
IN INK

J. K. Casheer

Penns Grove, NJ

-

6/19/78

PENALTY—The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by a fine or by imprisonment or both.

SECTION III—ACKNOWLEDGMENT OF RECEIPT OF FLAG

CERTIFICATION

I HEREBY CERTIFY that the flag requested by the applicant will be used to drape the casket of the deceased in whose honor it is issued by the Veterans Administration; and that par. 7 of the attached Instructions will be complied with.

SIGNATURE OF PERSON RECEIVING FLAG

DATE FLAG RECEIVED

SIGN
HERE
IN INK

John K. Casheer

19 June 78

NAME AND ADDRESS OF POST OFFICE OR OTHER FLAG ISSUE POINT

Post Office of Penns Grove, NJ 08069

REMARKS

(Continue on reverse)

FOR VA USE ►

DATE NOTIFICATION FORWARDED TO SUPPLY

INITIALS OF RESPONSIBLE VA EMPLOYEE

6/30/78

B.D.

| | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------|------------------------------------------------------------------------------------------------------|------------|-------|------------|
| NAME | VINYARD, Jesse J. | | S-NO. | 13 096 361 | C-NO. | 10 397 715 |
| ADDRESS | Univ of Delaware, Newark Del. | | CITY | STATE | | |
| OLD ADDRESS | 87 Shell Rd. Carney's Point, NJ | | CITY | STATE | | |
| TRANSFERRING OFFICE | DATE REQ. REC'D | REQUESTING OFFICE | DATE OF REQUEST | | | |
| RO Phila., Pa | 10/21 11:00 | RO #60 | 10/20/49 | | | |
| REASON FOR TRANSFER | | | | | | |
| Vet brg. yr. juris | | | | | | |
| TRANSFERRED TO | | | TYPE OF CLAIMS | | | |
| RO #60, Wilmington Del | | | <input type="checkbox"/> 1957 <input checked="" type="checkbox"/> 526 <input type="checkbox"/> OTHER | | | |
| DATE TRANSFERRED | | | TYPE OF TRANSFER | | | |
| 10/21/49 | | | <input type="checkbox"/> PERMANENT <input checked="" type="checkbox"/> TEMPORARY | | | |
| AWARD: <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> PENDING <input type="checkbox"/> DISALLOWED | | | | | | |
| CHIEF, ADMINISTRATIVE DIVISION | | | | | | |
| J. J. MULONE Reg. #533 as | | | | | | |
| REMARKS: | | | | | | |
| <input type="checkbox"/> 6604 <input type="checkbox"/> 2507 <input type="checkbox"/> 2508 <input checked="" type="checkbox"/> R. AND E. FOLDER <input type="checkbox"/> TRAINING SUBFOLDER <input type="checkbox"/> VETERAN NOTIFIED <input type="checkbox"/> TREATMENT FOLDER <input type="checkbox"/> OTHER | | | | | | |

COPY DISTRIBUTION

☐ FILE IN CLAIMS FOLDER☐ FILE IN R. AND E. FOLDER

IN TRANSFERRING OFFICE

☒ FINANCE DIVISION☐ TMS☐ (1) INDEX UNIT

(2) TRANSFER UNIT

☐ SERVICE ORGANIZATION (Specify)

IN RECEIVING OFFICE

☐ RECEIPT AND DISPATCH UNIT☐ INDEX UNIT☒ TMS☐ (1) MILITARY FILE AND PENDING FILE

(2) TRANSFER UNIT

☐ SERVICE ORGANIZATION (Specify)

IN CENTRAL OFFICE

☐ PAYEE'S ACCOUNTS SERVICE☐ CLAIMS STATISTICS SERVICE☐ RECORDS SERVICEVA FORM 3-7216b
MAY 1949EXISTING STOCKS OF VA FORM
3-7216b, FEB 1949, WILL BE USED

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

NOTICE OF TRANSFER OF VETERAN'S RECORDS

U.S. GOVERNMENT PRINTING OFFICE: 1949 O-235925



| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------|
| NAME VINYARD, Jesse J. | | S-NO. 13 096 361 | C-NO. 10 397 715 | ROUTE TO |
| ADDRESS Univ of Delaware, Newark Del. | | CITY | STATE | <input type="checkbox"/> ADJUDICATION DIVISION |
| OLD ADDRESS 87 Shell Rd. Carney's Point, NJ | | CITY | STATE | <input type="checkbox"/> V. R. AND E. DIVISION |
| TRANSFERRING OFFICE RO Phila., Pa | | DATE REQ. REC'D 10/21 11:00 | REQUESTING OFFICE RO #60 | DATE OF REQUEST 10/20/49 |
| REASON FOR TRANSFER vet trg. yr. juris | | | | |
| TRANSFERRED TO RO #60, Wilmington Del | | TYPE OF CLAIMS <input type="checkbox"/> 100 <input checked="" type="checkbox"/> 526 <input type="checkbox"/> OTHER | | |
| DATE DISPATCHED | | TYPE OF TRANSFER <input type="checkbox"/> PERMANENT <input checked="" type="checkbox"/> TEMPORARY | | |
| AWARD: <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> PENDING <input type="checkbox"/> DISALLOWED | | | | |
| CHIEF, ADMINISTRATIVE DIVISION J. J. MULONE Reg. #533 as | | | | |
| SCHOOL OR TRAINING ESTABLISHMENT LAST ATTENDED BY VETERAN | | | TRANSFER OUT OF RECORDS CHECKED WILL BE DELAYED UNTIL APPROXIMATELY | |
| REQUEST FOR TRANSFER-OUT VETERAN'S RECORDS OF ABOVE-NAMED VETERAN IS: | | | | |
| 1. <input checked="" type="checkbox"/> AUTHORIZED—RECORDS TO BE TRANSFERRED ARE CHECKED BELOW | | | | |
| <input type="checkbox"/> RECORDS CHECKED BELOW ARE ATTACHED HERETO <input type="checkbox"/> NO RECORDS AVAILABLE TO BE TRANSFERRED OUT | | | | |
| 2. <input type="checkbox"/> NOT AUTHORIZED FOR REASONS INDICATED ON REVERSE SIDE | | | | |
| RECORDS TO BE TRANSFERRED OUT ARE: | | | | |
| <input checked="" type="checkbox"/> CLAIMS FOLDER <input type="checkbox"/> R. AND E. FOLDER <input type="checkbox"/> TRAINING SUBFOLDER <input type="checkbox"/> MEDICAL FILE <input type="checkbox"/> TREATMENT FOLDER <input type="checkbox"/> OTHER | | | | |
| DATE 10/24/49 | | SIGNATURE <i>Al L. Johnson</i> | | |



REQUEST FOR ARMY INFORMATION

TYPE OF CLAIM

Education

WD AGO FORM 53 SERIES RECEIVED ☐ YES ☒ NO

p-3-27-48

LOCATION OF REQUESTING OFFICE

ORGANIZATION UNIT

DATE

**R.O.#10, 128 North Broad Street
Philadelphia 2, Pa.**

Registration & Research

2-26-48

If VA entry is correct, enter "c" in corresponding WD box; if not, make correct entry.

To be completed by Veterans Administration

To be completed by War Department

1. LAST NAME - FIRST NAME - MIDDLE INITIAL

1. LAST NAME - FIRST NAME - MIDDLE INITIAL

VINYARD, Jesse Julian

2. ARMY SERIAL NO.

3. C. NO.

2. ARMY SERIAL NO.

3. C. NO.

13 096 361

c- 10 397 715

C.

4. CONVERTED INS. NO.

5. NAT. SER. LIFE INS. NO.

4. CONVERTED INS. NO.

5. NAT. SER. LIFE INS. NO.

K.

N.

K.

N.

6. DATE(S) OF ENTRY INTO ACTIVE SERVICE

6. DATE(S) OF ENTRY INTO ACTIVE SERVICE

7. DATE(S) OF DISCHARGE(S) OR RELEASE FROM ACTIVE SERVICE

7. DATE(S) OF DISCHARGE(S) OR RELEASE FROM ACTIVE SERVICE

8. CHARACTER OF DISCHARGE(S)

8. CHARACTER OF DISCHARGE(S)

9. LAST GRADE AND ORGANIZATION

9. LAST GRADE AND ORGANIZATION

Sgt.

10. DATE OF DEATH

11. PLACE OF LAST DISCHARGE

10. DATE OF DEATH

11. PLACE OF LAST DISCHARGE

Fort Monmouth

12. HOME ADDRESS

12. HOME ADDRESS

87 Shell Rd., Carney's Point, New Jersey

13. DATE OF BIRTH

14. PLACE OF BIRTH

13. DATE OF BIRTH

14. PLACE OF BIRTH

9-14-21

Wilmington, Del.

ALLEGED DISEASE OR INJURY

DATE INCURRED

HOSPITAL OR INFIRMARY

DIAGNOSIS

ORGANIZATION WITH WHICH SERVING

SIGNATURE

S.M. ROSENFELD, Chief, Reg. & Res. Sec.

ADDITIONAL INFORMATION

Furnish active duty and AW 107.

COPIES

ORIGINALS (LOANED)

OTHER RECORDS

PHYS. EXAM.

AT ENTRANCE

OTHER

CLINICALS

CARDS

FIELD MEDICAL

MEDICAL

FINAL PHYS. EXAM.

TAGS

FIELD

DENTAL

DATE

BY

**EDWARD F. WITSELL
Major General
The Adjutant General**

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| NAME VINYARD, Jesse J. | | S-NO. 10397 715 | FILE IN |
| ADDRESS 72 W. Harmony Street, Pennsgrove, New Jersey | | CITY STATE | <input type="checkbox"/> CLAIMS FOLDER |
| OLD ADDRESS | | CITY STATE | <input type="checkbox"/> R. AND E. FOLDER |
| ROUTE TO | | | |
| TRANSFERRING OFFICE Newark, NJ | DATE REQ. REC'D 11/18-11am | REQUESTING OFFICE Phila, Pa. | DATE OF REQUEST 11/14/47 |
| REASON FOR TRANSFER Training your juris | | | |
| TRANSFERRED TO RO Phila, Pa. | | TYPE OF CLAIMS <input type="checkbox"/> 1950 <input type="checkbox"/> 526 <input type="checkbox"/> OTHER | |
| DATE TRANSFERRED JAN 9 1948 2-00pm | | TYPE OF TRANSFER <input checked="" type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY | |
| AWARD: <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> PENDING <input type="checkbox"/> DISALLOWED | | | |
| CHIEF, ADMINISTRATIVE DIVISION HAROLD HOENIG op | | | |
| REMARKS: <input type="checkbox"/> 6604 <input type="checkbox"/> 2507 <input type="checkbox"/> R&E folder <input type="checkbox"/> Training sub folder <input type="checkbox"/> Treatment folder <input type="checkbox"/> Tabulating card | | | |
| <input type="checkbox"/> FINANCE DIVISION, TRANSFERRING OFFICE <input type="checkbox"/> SERVICE ORGANIZATION, TRANSFERRING OFFICE <input type="checkbox"/> (1) INDEX UNIT, TRANSFERRING OFFICE <input type="checkbox"/> (2) TRANSFER UNIT, TRANSFERRING OFFICE <input type="checkbox"/> INDEX UNIT, RECEIVING OFFICE <input type="checkbox"/> SERVICE ORGANIZATION, RECEIVING OFFICE <input type="checkbox"/> (1) ADMINISTRATION DIVISION, INDEX SECTION, B.O. <input type="checkbox"/> (2) UNDERWRITING AND INSURANCE ACCOUNTS, B.O. <input type="checkbox"/> PAYEES ACCOUNTS SERVICE, C. O. <input type="checkbox"/> CLAIMS STATISTICS SERVICE, C. O. <input type="checkbox"/> (1) ADMINISTRATIVE SERVICE, INDEX DIVISION, C. O. <input type="checkbox"/> (2) RECORDS SERVICE, VETERANS RECORDS DIVISION, C. O. <input type="checkbox"/> | | | |

VA FORM 3-7216b
DEC 1946

SUPERSEDES VA FORM 3-7216 JUN 1946 WHICH
MAY NOT BE USED ANY LONGER

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

NOTICE OF TRANSFER OF VETERAN'S RECORDS

16-51283-1 GPO